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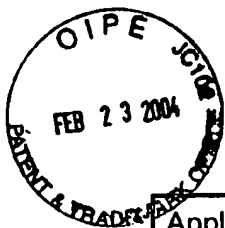
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3643

PATENT  
03330-P0010A RJB

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	Pieter Adriaan Oosterling, <i>et al.</i>
Serial No. 09/868,122	Filing Date: September 24, 2001
Title of Application:	Device and Method for Milking Animals
Confirmation No. 5702	Art Unit: 3643
Examiner	Son T. Nguyen

MAIL STOP FEE AMENDMENT  
Commissioner for Patents  
Post Office Box 1450  
Alexandria, VA 22313-1450

Ms. Cofer  
703 305-7658 Fax  
703 305-0246

***Response Transmittal and  
Petition For Time Extension (37 CFR 1.136(A))***

Dear Sir:

1. This is a petition for an extension of the time for a total period of three months to respond to the Office Letter mailed on August 12, 2003.
2. A response in connection with the matter for which this extension is requested is filed herewith.
3. Applicant is a small entity. A verified statement has been filed.
4. Calculation of extension fee (37 CFR 1.17). \$475.00 Extension Fee is due with this request.

**Certificate of Mailing:** I hereby certify that this correspondence is today being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents; Post Office Box 1450; Alexandria, VA 22313-1450 and being faxed to Ms. Cofer at 703-305-7658.

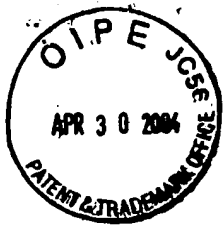
February 20, 2004

Charlotte E. Hanulik

12/26/2004 CCHAUI 00000117 194516 09868122

11 FC:2253 475.00-DA

Adjustment date: 06/07/2004 EEXUDAY1  
02/26/2004 CCHAUI 00000117 194516 09868122  
01 FC:2253 475.00 CR



DEP & REF  
room: 307

PATENT  
03330-P0010A RJB

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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Serial No. 09/868,122	Filing Date: September 24, 2001
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Examiner	Son T. Nguyen

Commissioner for Patents  
Post Office Box 1450  
Alexandria, VA 22313-1450

**Request for Refund (37 C.F.R. 1.28)**

Dear Sir:

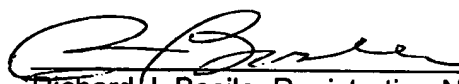
On February 20, 2004 a Petition for Time Extension was filed for this matter with an authorization to debit Account No. 19-4516 with the Petition (copies enclosed).

The \$475.00 fee was debited to Account No. 19-4516 twice, once on February 23, 2004 and once on February 26, 2004 (copy of 2/27/04 Monthly Statement of Deposit Account enclosed).

This is a request for a refund of \$475.00. Please credit Account No. 19-4516 for this refund. Also enclosed is the Customer Refunds by Electronic Funds Transfer form.

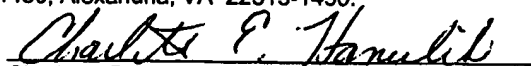
Respectfully submitted,

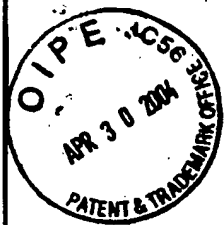
April 28, 2004

  
Richard J. Basile, Registration No., 40,501  
Attorney for Applicants  
ST. ONGE STEWARD JOHNSTON & REENS LLC  
986 Bedford Street; Stamford, CT 06905-5619  
203 324-6155

**Mailing Certificate:** I hereby certify that this correspondence is today being deposited with the U.S. Postal Service as *First Class Mail* in an envelope addressed to: Commissioner for Patents and Trademarks; Post Office Box 1450; Alexandria, VA 22313-1450.

April 28, 2004

  
Charlotte E. Hanulik



Case No. 03330-P0010A RJB/ceh

Applicants: Pieter Adriaan Oosterling, *et al.*

SN: 09/868,122

Filed Sept. 24, 2001

Art Unit 3643

For: Device and Method for Milking Animals

Receipt is hereby acknowledged of Response Transmittal and Petition for Time Extension (8/12/03 Office Action) and request to charge account. #19-4516 the fee of \$475.00

Mailed February 20, 2004

Commissioner  
for Patents



MODE = MEMORY TRANSMISSION START-FEB-20 11:27 END-FEB-20 11:28  
FILE NO.=029  
STN NO. COMM. ABBR NO. STATION NAME/TEL NO. PAGES DURATION  
001 OK 03330#17033057658# 003/003 00:00:33

-ST ONGE

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2033271096-\*\*\*\*\*

## St. Onge Steward Johnston & Reens LLC

986 Bedford Street  
Stamford Connecticut 06905-5619  
(203) 324 6155  
(203) 327 1096  
sjr.com

### FAX COVER SHEET

DATE  
February 19, 2004

DELIVER TO  
Ms. Cofer  
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FAX NUMBER  
703 305-7658

PAGES  
3

SSJR File  
3330-P0010A

FROM  
Richard J. Basile



PATENT  
03330-P0010A RJB

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	Pieter Adriaan Oosterling, et al.
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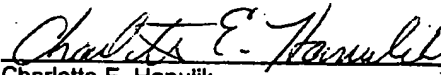
***Response Transmittal and  
Petition For Time Extension (37 CFR 1.136[A])***

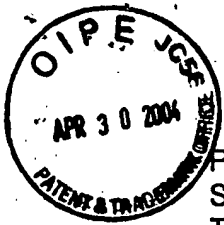
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February 20, 2004

  
Charlotte E. Hanulik



Page two  
Serial No. 09/868,122  
Time Extension Request

5. Fee Payment. This is a petition and a request to charge Account No. 19-4516 for the extension fee of \$475.00 and any fee as may be required or credit for any excess fee paid.

Respectfully submitted,

February 20, 2004

Richard J. Basile, Registration No. 40,501  
Attorney for Applicants  
ST.ONGE STEWARD JOHNSTON & REENS LLC  
986 Bedford Street; Stamford, CT 06905-5619  
203 324-6155



3-15-04  
ENTERED

# MONTHLY STATEMENT OF DEPOSIT ACCOUNT

To replenish your deposit account, detach and return top portion with your check. Make check payable to Director of Patents & Trademarks.



Under Secretary of Commerce for Intellectual Property and  
Director of the United States Patent and Trademark Office  
Washington, DC 20231  
www.uspto.gov

ST. ONGE STEWARD JOHNSTON & REENS FINA  
ELIZABETH POTTER  
986 BEDFORD STREET

STAMFORD CT 06905

Account No.	194516
Date	2-27-04
Page	1

PLEASE SEND REMITTANCES TO:  
U. S. Patent and Trademark Office  
P.O. Box 70541  
Chicago, IL 60673

DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
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2	19	04	5	E-REPLENISHMENT		9203	-2000.00	7174.24
2	19	04	43	10678300	04010-P0004A WWW/HJP	2202	9.00	7165.24
2	23	04	10	09868122	03330P0010AL	2253	475.00	6690.24
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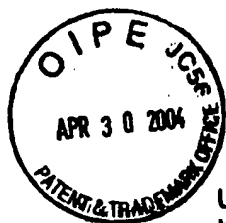
RECEIVED  
St. Onge Steward Johnston & Reens

MAR 10 2004

FILE  
DRT

AN AMOUNT SUFFICIENT TO COVER ALL SERVICES REQUESTED MUST ALWAYS BE ON DEPOSIT	OPENING BALANCE	TOTAL CHARGES	TOTAL CREDITS	CLOSING BALANCE
	6939.24	3186.00	2000.00	5753.24





### Customer Refunds by Electronic Funds Transfer

Under provisions of the Debt Collection Improvement Act, effective January 2, 1999 refunds will be made by EFT (Electronic Funds Transfer). The legislation requires that the U. S. Patent and Trademark Office convert from paper-based payment methods, i.e., checks from the U. S. Treasury, to EFT. EFT refunds will only be available to those customers who maintain an account with a U. S. banking institution.

It is of great importance that your current banking information be provided in order to process your refund request. Accordingly, please fill out the attached Automated Clearing House form so that you may receive your refund, if granted, by EFT. The ACH form includes banking information necessary to process your EFT refund. This information appears on the magnetic strip encoded at the bottom of your check; accordingly, you may fax a copy of your current check (marked "Void") in lieu of filling out the ACH form. The ACH form/check copy must be faxed within 3 business days of this notification. Completed forms may be faxed to the Refund Unit at 703-308-8778.

If you are an individual, you may request an automatic waiver of the EFT requirement, by certifying to the Patent & Trademark Office, that payment by EFT would impose a hardship due to a physical or mental disability, or a geographic, language or literacy barrier, or would impose financial hardship. Waivers may also be faxed to the above fax number.

Please include the serial number and the amount to be refunded.

### **ACH VENDOR/MISCELLANEOUS PAYMENT ENROLLMENT FORM**

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

#### **PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

#### **PAYEE/COMPANY INFORMATION**

NAME: <b>ST OJGE STEWARD JOHNSTON REENS LLC</b>	SSN NO. OR TAXPAYER ID NO. Social Security No. or Employer Id No. <b>06-0967185</b>
ADDRESS: <b>906 BEDFORD STREET STAMFORD, CT 06905</b>	
TELEPHONE NUMBER: <b>(203) 324-6155</b>	

#### **FINANCIAL INSTITUTION INFORMATION**

Name of Bank: <b>FLEET BANK</b>	
NINE-DIGIT ROUTING TRANSIT NUMBER: <b>-011900571</b>	
DEPOSITOR ACCOUNT NUMBER: <b>0000151059</b>	LOCKBOX NUMBER:
TYPE OF ACCOUNT: <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	